

Supplemental Application Data Sheet

## Application Information

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: NEW COMPOSITION AND METHOD FOR  
THE TREATMENT OF DYSGLUCAEMIA  
Attorney Docket Number:: 1506-1004-3  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 5  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: HENRI  
Middle Name::  
Family Name:: HANSSON  
Name Suffix::  
City of Residence:: HELSINGBORG  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing LARKSTIGEN 12  
Address::  
City of Mailing Address:: HELSINGBORG  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-255 91

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: MATS  
Middle Name::  
Family Name:: LAKE  
Name Suffix::  
City of Residence:: LIDINGO  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing TULEVAGEN 17  
Address::

City of Mailing Address:: LIDINGO  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE 181-41

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: KERSTIN  
Middle Name::  
Family Name:: HANSSON  
Name Suffix::  
City of Residence:: LUND  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: KARNNASVAGEN 9K:115  
Address::  
City of Mailing Address:: LUND  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-226 46

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	10/202,870	7/26/02
10/202,870	Division of	10/002,417	10/25/01
10/002,417	An application claiming the benefit under 35 usc 119(e)	60/243,072	10/25/00

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	<del>000377-8</del> <u>0003877-8</u>	10/25/00	Yes

## Assignment Information

Assignee Name:: METCON MEDICIN AB  
Street of Mailing DALENUM 17  
Address::  
City of Mailing Address:: LINDINGO  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-181070